
	Division of Community and Public Health	
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## **Department of Corrections**

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## **Department of Corrections: Recommendations for TB Control in Local Jails**

- Establish a relationship and collaborate with your local public health agency, local hospital or private physician to have a contact person who can respond to and answer questions related to communicable disease issues.
- Establish a formal agreement with a hospital to admit and medically evaluate and treat patients suspected of having tuberculosis according to the Centers for Disease Control and Prevention's (CDC) current guidelines. Assure that the hospital has the ability to provide necessary infection control measures (e.g., a negative pressure room).
- Screen ALL inmates for the signs/symptoms of tuberculosis by using the enclosed checklist at time of intake and every six months and screen staff for signs and symptoms upon employment and on an annual basis.
- Anyone who exhibits signs and symptoms during intake should be placed in respiratory isolation until being evaluated by a physician. The physician will have sole responsibility for determining the course of treatment that will be followed (e.g., if the inmate needs to be transported to a hospital or if they should be housed in an isolation room and what medications are to be prescribed).
- Administer skin tests to inmates who will be incarcerated more than one month for TB infection at time of intake using the Mantoux skin test. A trained health professional should administer the Mantoux skin test. The Mantoux test should be read in 48 –72 hours by a trained health professional.
- Do not skin test inmates with a documented history of a positive skin test.
- Refer all pregnant women with signs and symptoms of disease and/or a positive skin test immediately to the local public health agency. Skin test all pregnant women regardless of their length of expected incarceration.
- A licensed physician should evaluate inmates with a positive skin test.  
If an inmate has a positive skin test, it is recommended that the physician do the following:
  - (1) Order a chest x-ray on the inmate.
  - (2) Do a complete medical history on the inmate.
  - (3) Determine if the inmate has had a previously positive skin test and if so,

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(a) When and where the test was given. The Missouri Department of Health and Senior Services, Bureau of Communicable Disease Control and Prevention can provide this information

(b) If the inmate completed all of their medication(s).

(4) A sputum specimen should be collected on the inmate and sputum smear and culture testing should be ordered for the specimen. Send the sputum to the State TB Reference Laboratory in Mount Vernon, MO through the local public health agency at no charge.

(5) Treatment of inmates with positive skin tests should be carried out in accordance with the CDC's current guidelines.

(6) A written record should be maintained as part of the inmate's medical record. It should contain therein an accurate record of all treatment and medication prescribed, including the date and time such treatment and medication are administered and name of the person administering the medication.

(7) The person administering the medication should observe if the inmate swallows the medication and have the inmate show the person administering the medication the inside of their mouth and under their tongue to assure that the inmate has swallowed the medication.

(8) It should be recorded in the log and in the inmate's medical record that the person administering the medication watched the inmate take and swallow their medication.


(9) Documentation should be provided in the medical records at the time the medication is administered by the person administering the medication.

(10) Documentation in medical records should be printed in standard black ink, and mistakes made in the medical record shall not be erased but crossed out with one line and should be initialed by the person doing the documentation.

(11) Inmates, detainees and trustees should not be assigned to work with or have access to medical supplies, records or medications.


(12) Inmates, detainees and trustees should not administer medication.

(13) A card file or other record keeping system should be established to track all tuberculosis skin test results for inmates and staff.

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(14) An annual review of jail medical records should be conducted by health professionals (e.g., local public health agency) to assure quality control.

- Notify your local public health agency IMMEDIATELY of inmates being released from custody who have tested positive for tuberculosis. This information should include:
  - (a) Inmate's name, nickname and all aliases,
  - (b) Inmate's date of birth and other dates of birth the inmate has used,
  - (c) Inmate's address and county of residence,
  - (d) Inmate's social security number (if available),
  - (e) Name of inmate's probation or parole officer,
  - (f) Inmate's Bail Bonding Agent or people posting bond for the inmate.
- A copy of an inmate's medical record should accompany an inmate transferring to another local jail or state correctional facility. The medical record should clearly contain date(s) of test(s), results and types of medication(s) the inmate is currently taking. Enclosed should be a copy of the Tuberculin Testing Record (TBC-4 form).
- **Report all positive skin tests to your local public health agency or the Missouri Department of Health and Senior Services, Bureau of Communicable Disease Control and Prevention immediately.**
- Maintain a record of staff's tuberculin skin test results. Analyze data annually to assure tuberculosis control measures are adequate.
- Skin test all employees or persons spending greater than 10 hours per week in the correctional facility at time of employment and annually thereafter, using the Mantoux test. Two-step testing should be conducted initially. Annual tests will be one (1) step only. Test only persons who have not tested positive previously. The Mantoux test should be read in 48-72 hours by a trained health professional.
- A physician should evaluate an employee with a positive skin test immediately. Staff need not be excused from work prior to the physician evaluation and treatment unless they have a cough or other signs and symptoms of TB disease.
- For employees with a positive skin test, order a chest x-ray and report the positive skin test to your local public health agency immediately.
- Employees should be evaluated for the treatment of TB infection or disease in accordance with the CDC's guidelines.


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- Consider placing ultra violet germicidal irradiation (UVGI) lighting in common areas (e.g. pod or cellblock areas, waiting rooms, visiting area, recreation rooms and cafeteria).
- Designate a room that can be used as an isolation area for persons with infectious tuberculosis.
- Have on hand a supply of 3M #1860 Health Care Particulate Respirator and Surgical Mask NIOSH N95 for inmates suspected to have infectious tuberculosis.

The local public health agency and the Missouri Department of Health and Senior Services, Bureau of Communicable Disease Control and Prevention staff are available for consultation and assistance as needed.

**Department of Corrections:**

**Missouri Department of Health and Senior Services  
Tuberculosis Case Management Manual**

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### **Signs and Symptoms Check list for Tuberculosis**

1. How long have you had a cough? \_\_\_\_\_  
\_\_\_\_\_
2. How long have you had a loss of appetite? \_\_\_\_\_
3. How long have you had unexplained weight loss? \_\_\_\_\_
4. How long have you had night sweats? \_\_\_\_\_
5. How long have you had chills? \_\_\_\_\_  
\_\_\_\_\_
6. How long have you had a fever? \_\_\_\_\_  
\_\_\_\_\_
7. How long have you been coughing up blood? \_\_\_\_\_

If detainee has any of these signs or symptoms, contact your local public health agency immediately and speak to a nurse.

If detainee has been coughing for 3 weeks or longer and/or says that they have been coughing up blood, put this person in medical isolation until a physician evaluates them.

The Missouri Department of Health and Senior Services maintains an emergency telephone number. If local jails are unable to contact someone from their local public health agency, Monday-Friday during regular business hours of 8:00 AM- 5:00 PM, they can call 573-751-6122 assistance. After business hours they can call 866-628-9891 if there are urgent questions.

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## Department of Corrections: Screening of Staff and Inmates

**POLICY:** To ensure that tuberculosis evaluation and control services are provided for residents and staff of the Missouri Department of Corrections, according to MO 19 CSR 20-20.100 (see Appendix 4).

**PURPOSE:** To control tuberculosis within the Missouri Department of Corrections by early identification of those persons with infectious tuberculosis and providing appropriate isolation and anti-tuberculosis medication regimens, early identification of those with tuberculosis infection and providing infection treatment, and by rapid contact identification, investigation, evaluation and follow-up for all residents and staff of the Department.

### **PROCEDURE: Initial screening**

**Staff members:** Upon employment, all staff members of the Missouri Department of Corrections, including volunteers who spend 10 or more hours weekly within the system, and who do not have documentation of a tuberculin skin test reaction of  $\geq 10$  mm, will be screened for tuberculosis, using the Mantoux PPD two (2)-step tuberculin skin test (See Chapter 3 of *Core Curriculum*). This screening may be provided at the local health unit, under contract to the Missouri Department of Corrections, or by the person's own health care provider. Documentation of the reaction to the tuberculin skin test reported in mm of induration must be presented to the tuberculosis control coordinator of the institution. **All positive reactions to the tuberculin skin test may be reported to the Bureau of Communicable Disease Control and Prevention on Form TBC-4** (see Section 10).


**Inmates:** Upon entrance into the Department of Corrections system, all residents will be screened for tuberculosis, using the Mantoux PPD two (2)-step tuberculin skin test (See Chapter 3 of *Core Curriculum*). This screening will be provided at the Department of Correction Reception Centers. Documentation of the reaction to the tuberculin skin test, reported in mm of induration, becomes a part of the resident's medical record.

**All positive reactions to the tuberculin skin test are reported to the Bureau of Communicable Disease Control and Prevention on Form TBC-4** (see Section 10).

### **Annual Screening**

**Staff members:** All staff members with tuberculin skin test reactions  $< 10$  mm will have an annual Mantoux PPD tuberculin skin test during each employee's birth month. Annual tests will be one (1) step only.

**Inmates:** All inmates with tuberculin skin test reactions  $< 10$  mm will have an annual tuberculin skin test screening during his/her birth month. Annual tests will be one (1) step only.

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## Department of Corrections: Infection Treatment for Staff and Inmates

**POLICY:** All staff and inmates of the Missouri Department of Corrections who are identified as infected with tuberculosis will be provided with appropriate treatment to prevent progression from infection to disease.

**PURPOSE:** To control the transmission of tuberculosis within the Missouri Department of Corrections by preventing potentially infectious tuberculosis disease.

### PROCEDURE:

**Staff:** Once a staff member has been identified as having tuberculosis infection (tuberculin skin test reaction  $\geq 5$  mm for those HIV positive, contacts to known or suspected infectious tuberculosis disease, or with old, untreated tuberculosis on chest x-ray, or  $\geq 10$  mm for all others AND no clinical signs or symptoms of tuberculosis disease), infection treatment may be prescribed by the health care provider. Private physicians under contract with the Missouri Department of Corrections provide prescriptive services at no charge to the staff member.

Isoniazid (INH) 300 mg daily or 900 mg twice weekly for nine (9) months is standard infection treatment, for both HIV-positive and HIV-negative employees. **However, if the source case has INH resistant tuberculosis, infection treatment with INH will not be effective, see Chapter 6 of the *Core Curriculum* for other treatment options.** All medications for infection treatment for staff members of the Missouri Department of Corrections, along with monthly monitoring for adherence to the prescribed treatment regimen, side effects of medications, and symptoms of tuberculosis disease, may be obtained at no charge at the local public health agency.


**Inmates:** Once an inmate has been identified as having tuberculosis infection (tuberculin skin test reaction  $\geq 5$  mm for those HIV positive, contacts to known or suspected infectious tuberculosis disease, or with old, untreated tuberculosis on chest x-ray, or  $\geq 10$  mm for all others AND no clinical signs or symptoms of tuberculosis disease), infection treatment is prescribed by the health care service provider under contract to the Missouri Department of Corrections.

Isoniazid (INH) 300 mg daily or 900 mg twice weekly for nine (9) months is standard infection treatment, for both HIV-positive and HIV-negative inmates.

**However, if the source case has INH-resistant tuberculosis, infection treatment with INH will not be effective, see Chapter 6 of the *Core Curriculum* for other treatment options.**

**All known cases of Tuberculosis infection within Missouri's Department of Corrections must be reported within three (3) days to the local public health agency or the Missouri Department of Health and Senior Services.**



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## Department of Corrections: Infection Treatment for Staff and Inmates

**POLICY:** All staff and inmates of the Missouri Department of Corrections who are identified as infected with tuberculosis will be provided with appropriate treatment to prevent progression from infection to disease.

**PURPOSE:** To control the transmission of tuberculosis within the Missouri Department of Corrections by preventing potentially infectious tuberculosis disease.

**PROCEDURE:**

**Staff:** Once a staff member has been identified as having tuberculosis infection (tuberculin skin test reaction  $\geq 5$  mm for those HIV positive, contacts to known or suspected infectious tuberculosis disease, or with old, untreated tuberculosis on chest x-ray, or  $\geq 10$  mm for all others AND no clinical signs or symptoms of tuberculosis disease), infection treatment may be prescribed by the health care provider. Private physicians under contract with the Missouri Department of Corrections provide prescriptive services at no charge to the staff member.


Isoniazid (INH) 300 mg daily or 900 mg twice weekly for nine (9) months is standard infection treatment, for both HIV-positive and HIV-negative employees. **However, if the source case has INH resistant tuberculosis, infection treatment with INH will not be effective, see Chapter 6 of the *Core Curriculum* for other treatment options.** All medications for infection treatment for staff members of the Missouri Department of Corrections, along with monthly monitoring for adherence to the prescribed treatment regimen, side effects of medications, and symptoms of tuberculosis disease, may be obtained at no charge at the local public health agency.

**Inmates:** Once an inmate has been identified as having tuberculosis infection (tuberculin skin test reaction  $\geq 5$  mm for those HIV positive, contacts to known or suspected infectious tuberculosis disease, or with old, untreated tuberculosis on chest x-ray, or  $\geq 10$  mm for all others AND no clinical signs or symptoms of tuberculosis disease), infection treatment is prescribed by the health care service provider under contract to the Missouri Department of Corrections.

Isoniazid (INH) 300 mg daily or 900 mg twice weekly for nine (9) months is standard infection treatment, for both HIV-positive and HIV-negative inmates.

**However, if the source case has INH-resistant tuberculosis, infection treatment with INH will not be effective, see Chapter 6 of the *Core Curriculum* for other treatment options.**

**All known cases of Tuberculosis infection within Missouri's Department of Corrections must be reported within three (3) days to the local public health agency or the Missouri Department of Health and Senior Services.**

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## **Department of Corrections: Management of TB Disease in Staff and Inmates**

**POLICY:** All staff members and inmates of the Missouri Department of Corrections will have adequate and appropriate chemotherapy for tuberculosis disease.


**PURPOSE:** To control tuberculosis within the Missouri Department of Corrections by rapidly, appropriately, effectively isolating and treating tuberculosis disease, thereby returning the patient to health and non-infectiousness.

**PROCEDURE:**

**Staff:** Once the diagnosis of tuberculosis disease is suspected or established, it is imperative to immediately institute medical leave and an appropriate and effective anti-tuberculosis medication regimen, as recommended by the American Thoracic Society/Centers for Disease Control and Prevention (see Chapter 7 of *Core Curriculum*). Health care providers contracted by the Missouri Department of Corrections provide prescriptive services at no charge to the staff member. Such service may also be obtained at the staff member's private physician at full cost to the staff member. All anti-tuberculosis medications are provided, along with monthly monitoring for adherence to the medical regimen, clinical improvement, and adverse effects of the medications, through the local public health agency at no charge to the staff member.

**Inmates:** Once the diagnosis of tuberculosis disease is suspected or established, it is imperative to immediately institute effective isolation and an appropriate and effective anti-tuberculosis medication regimen, as recommended by the American Thoracic Society/CDC (see Chapter 7 of *Core Curriculum*). Prescriptive services, all anti-tuberculosis medications, directly observed therapy (DOT), monitoring for adherence to the medical regimen, clinical improvement, and adverse effects of the medications, are provided by health care providers contracted by the Missouri Department of Corrections.

**All suspected or known cases of tuberculosis disease within the Missouri Department of Corrections must be reported within 24 hours to the local public health agency or the Missouri Department of Health and Senior Services.**

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## Department of Corrections: Contact Investigation

**POLICY:** Contacts to infectious tuberculosis within the Missouri Department of Corrections will be rapidly and appropriately identified, examined, evaluated and treated.

**PURPOSE:** To control tuberculosis within the Missouri Department of Corrections by rapid contact identification, investigation, evaluation and appropriate follow-up for all inmates and staff of the Department.


**PROCEDURE:**

All staff members and inmates who have tuberculin skin test reactions of  $<10$  mm on initial and/or annual testing and are exposed to, i.e., “share air” with, a staff member or inmate with known or suspected infectious tuberculosis are to receive a Mantoux PPD tuberculin skin test as soon as possible. If the reaction is  $<5$  mm, another tuberculin skin test will be administered 8 weeks after contact has been broken with the person with infectious tuberculosis. Contact is broken by effective isolation and:

- a. Appropriate anti-tuberculosis medications taken by the patient with infectious tuberculosis for an adequate time (usually 2-3 weeks);
- AND
- b. Clinical improvement of the signs and symptoms exhibited by the patient, including three (3) sputum specimens collected on three (3) separate days showing negative smears for acid fast bacilli (AFB).


If the reaction to the first or second tuberculin skin test done for contact examination is  $\geq 5$  mm, a chest x-ray **MUST** be obtained as soon as possible, along with a complete medical evaluation, including symptom review and sputum examination for AFB if there is any indication of pulmonary tuberculosis disease. If there are no symptoms, the chest x-ray is “normal” or “negative” and sputum specimens, if collected, show no AFB on smear, the positive tuberculin skin test most likely represents new tuberculosis infection, the person is at 10 percent risk of developing tuberculosis disease, and therefore is a candidate for infection treatment (see Chapter 6 of *Core Curriculum*).

Private physicians under contract with the Missouri Department of Corrections provide chest x-rays, medical evaluation, and follow-up of contacts, including prescriptive service for infection treatment, at no charge to the staff member. The same services by the staff member’s private physician may be obtained at the staff member’s own expense, provided established protocols for complete contact investigation and infection treatment are followed and a complete report is made to the Missouri Department of Corrections.

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For all staff members and inmates who have tuberculin skin test reactions of  $\geq 10$  mm on initial or subsequent annual testing and are exposed to, i.e., “share air” with, a staff member or inmate with known or suspected infectious tuberculosis, the previously identified tuberculosis infection usually confers immunity to new exogenous infection. Therefore, no further tuberculin testing would be required of that person as part of contact investigation. **However, persons who are HIV positive may not have such immunity and may become reinfected with a different “strain” of tuberculosis. There is no way, however, to determine if such an event has occurred. Current recommendations are to assess the level of infectiousness of the case as evidenced by new infections in other contacts and then make a decision as to whether to repeat infection treatment (see Chapter 6 of *Core Curriculum*).**

**Results of the contact investigation are reportable to the Bureau for Communicable Disease Control and Prevention.**

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## Department of Corrections: Release of Inmates

- POLICY:** All inmates of the Missouri Department of Corrections who are being treated with anti-tuberculosis medications for tuberculosis infection or disease and who are released before completion of therapy will be appropriately referred, followed, and monitored until therapy has been completed.
- PURPOSE:** To control tuberculosis in Missouri by assuring that all inmates of the Missouri Department of Corrections who need to do so will complete the prescribed anti-tuberculosis medical regimen.
- PROCEDURE:** As close to the time of release or parole as possible of an inmate who is currently on an anti-tuberculosis medical regimen, the health care provider contracted by the Missouri Department of Corrections will:
1. Notify the LPHA in the jurisdiction where the inmate will be residing and make an appointment for monthly monitoring and issuing of medication.
  2. Provide the inmate with a one month supply of anti-tuberculosis medications and a discharge summary of pertinent medical information.
  3. Provide the inmate with a written reminder of the date, time, address, and telephone number of the first appointment at the LPHA.
  4. Provide the inmate with information regarding the importance of taking the medication exactly as ordered and keeping the appointments at the LPHA.

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**Department of Corrections:  
Signs and Symptoms Check list for Tuberculosis**

1. How long have you had a cough? \_\_\_\_\_  
\_\_\_\_\_
2. How long have you had a loss of appetite? \_\_\_\_\_
3. How long have you had unexplained weight loss? \_\_\_\_\_
4. How long have you had night sweats? \_\_\_\_\_
5. How long have you had chills? \_\_\_\_\_  
\_\_\_\_\_
6. How long have you had a fever? \_\_\_\_\_  
\_\_\_\_\_
7. How long have you been coughing up blood? \_\_\_\_\_

If detainee has any of these signs or symptoms, contact your local public health agency immediately and speak to a nurse.

If detainee has been coughing for 3 weeks or longer and/or says that they have been coughing up blood, put this person in medical isolation until a physician evaluates them.

The Missouri Department of Health and Senior Services maintains an emergency telephone number. If local jails are unable to contact someone from their local public health agency, Monday-Friday during regular business hours of 8:00 AM- 5:00 PM, they can call 573-751-6122 assistance. After business hours they can call 866-628-9891 if there are urgent questions.